Midshires Care Limited

Helping Hands North Norfolk

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Helping Hands North Norfolk is a domiciliary care agency providing personal care and support to people living in their own homes in the North Norfolk area. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care; this is help with tasks related to personal hygiene and eating. Where people do we also consider any wider social care provided. Therefore, whilst the service currently supports over 28 people, only 12 of these were receiving personal care. This inspection therefore only focused on the service provided to these 12 people.

People's experience of using this service and what we found
The service's registered manager had recently left and there was an interim management structure in place whilst a new manager was recruited. This included the frequent presence of an experienced registered manager from another branch. There were some shortfalls in the governance, quality assurance systems and organisation of the service which required improvement. Whilst this had not substantially impacted on the people using the service, it increased the risk of issues occurring. The interim management was already aware of many of the issues and was in the process of addressing them. Feedback from people and staff regarding the management team was that they were approachable, empathetic and supportive.

People were protected from abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm. We found initial care plans and risks assessments were thorough. People received their medicines according to prescriber's instructions. Recruitment practice ensured staff were of appropriate character to provide a professional and caring service. There was enough staff to provide the care, however some people told us there was inconsistency of staff visiting which impacted on the effectiveness and value of the relationships. The service had recently recruited additional staff to address this issue.

Staff received sufficient training and most people said staff were skilled in providing their care. We received mixed feedback regarding staff's ability to care effectively for people living with dementia. Staff monitored people's health and helped them access health and social care services whenever needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the staff were kind, considerate and helpful. People felt staff promoted their dignity and maximised their independence. People were involved in their care planning and were always consulted prior to care-giving.

The care provided was personalised to meet individual needs and preferences. The service was usually able to respond quickly to changes but was not always good at reviewing care plans holistically. The service was quick to respond to complaints or concerns raised, took steps to disseminate lessons learnt and reflect on

best practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 17 September 2018 and this is the first inspection.

Why we inspected
This was a planned inspection based on our inspection schedule.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Helping Hands North Norfolk

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service should have a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager for this service had left the service shortly before this inspection. A manager registered at another Helping Hands branch was temporarily managing this service whilst a suitable replacement was being recruited.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. We also needed to gain consent to contact people using the service.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection-
We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including, the provider's regional manager, the acting interim manager and four care staff.

We reviewed a range of records. This included four people's care records in depth, samples of other records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and reviewed the provider's training records. A variety of records relating to the management of the service were reviewed; including audits, quality assurance records, complaints and incident records, policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the feedback from people using the service and their relatives was that they felt safe using the service. One relative told us, "I think [the person] feels absolutely safe with them... they are all so good."
- Policies in relation to safeguarding and whistleblowing were in place and staff received training based upon these. There was an internal safeguarding helpline to support staff.
- Staff demonstrated a good awareness of the types of abuse possible, safeguarding procedures and who to inform if they witnessed or had an allegation of abuse reported to them.

Assessing risk, safety monitoring and management

- Initial assessments and care plans for people were detailed and accurate.
- There were reliable systems in place to identify, assess and reduce the risk of people coming to harm. This included risks such as falls, moving and handling, nutritional needs and pressure areas skincare.
- The safety of the staff had been considered. There were environmental risk assessments for each house the staff visited.

Staffing and recruitment

- The service operated a robust and thorough recruitment process to ensure staff were of appropriate good character to provide care in people's homes.
- The service had adequate staff to meet the needs of people using the service. Sometimes recently, particularly at weekends, the service did not always have enough regular care staff to cover the care required. However, they had suitable contingency plans, which involved office staff trained in care completing the calls when required. The service had also recently recruited five more care staff to improve their staffing levels.
- The provider had an electronic call attendance system to enable live monitoring of care visits. People told us they had no missed visits and the care staff usually arrived on time, but not always at a time of their choosing. People told us they did not always get a rota of staff in advance, which most people felt would be helpful.
- There was mixed feedback regarding the consistency of care staff attending which some people found confusing or frustrating, particularly those living with dementia. One relative told us, "Yes, we see pretty much the same ones across a week... it works well". Whilst another stated, "Only one is more regular... mostly it's people standing in for them when they can't do it... generally I've got to know most of them... I'd prefer the same people though." The service was aware consistency is important for positive relationship building and monitoring of the support required. They had recently recruited a new care coordinator which alongside improved staffing levels was designed to improve consistency.

Using medicines safely

● Medicines management systems were organised, and people were receiving their medicines when they should.

● Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.

● The provider audited the medicines administration recording monthly to monitor and respond to any errors found. We noted these audits were not always sufficiently robust. For example, staff had recorded an issue with new medicines being missed from the medicine administration records, but this remained unresolved between two successive audits. Whilst we found this had not impacted on people receiving their medicines as prescribed, it increased the risk of omission of the new medicines prescribed.

● The service did not have all the recommended information available for the administration of 'as required' (PRN) medicines, such as contra-indications. However, the service was already planning the introduction of clearer individual protocols to support safer administration of such medicines.

Preventing and controlling infection

● Staff were provided with suitable personal protective equipment such as gloves and uniforms.

● Staff were able to explain safe practice in relation to maximising infection prevention and control, such as changing gloves between individual tasks.

● People told us staff took appropriate infection prevention precautions when assisting them with personal care and food preparation.

Learning lessons when things go wrong

● The service demonstrated a proactive approach to reviewing accidents or incidents with all the individuals concerned. The outcomes and lessons learnt were communicated as required directly to all care staff involved and/or discussed at regular team meetings.

● Complaints and concerns raised were tracked and monitored for any themes requiring broader consideration.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed, and their wishes clearly documented. People told us they had been fully involved in the assessments which took place when they started to use the service.
- The service used principals of good practice in the assessment of people's needs and was clear regarding the types of need the service could support. One relative had commented, "The previous registered manager] was very patient and took time to understand my [relative's] needs. They were clear about what the team could offer, and it looks as though my [relative] will be in good hands."
- Care and support was planned in line with legislation and nationally recognised guidance were used in delivering the service.

Staff support: induction, training, skills and experience

- Staff told us the induction and training programmes in place were very helpful and equipped them well to do their role. One staff member explained, "Especially being new to the caring industry I felt confident when I went out."
- New staff completed the Care Certificate, an industry recognised national training programme for new staff working in health and social care. This was combined with shadowing senior staff, observations and competency checks before working independently.
- More experienced staff were supported to complete higher levels of training through the national Skills for Care programme (formerly NVQ).
- Staff had regular checks and refresher training on their key skills and competency. Records showed all members of staff were up to date with their training.
- Some staff and people using the service felt more in-depth training in caring for people living with Dementia would be beneficial. One relative told us, "[Person] is reluctant yes, but [the staff] don't all seem to have the skills to know how to encourage someone…that when [the person] says no, just walk away for 10 minutes, then return and ask again, and it's likely they will say yes."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with their nutrition and hydration, this was provided to the satisfaction of people and their relatives.
- Where people were assessed as having high nutritional risks appropriate measures such as food and/or fluid charts were used to help minimise risks. Staff knew people's individual needs well and described how to offer personalised support. For example, one person told us, "I'm not very good at drinking enough... [staff] always ask if I've had enough... make me drinks while they're here as well as leaving out drinks when they go."

Staff working with other agencies to provide consistent, effective, timely care;
● The provider had digital care plans and used digital apps to enable live tracking and messages to be shared quickly and effectively. Daily notes were paper-based in people's home and were returned and audited monthly. We found the information regarding individual people was held across multiple systems which created potential for errors. For example, records regarding contacting health professionals were kept in a separate log rather than individual case notes. Whilst we found this was effective in enabling office staff to follow up issues, it made it harder to monitor the progress, concerns or themes for individual people. The provider reported they were already aware of this and were in the process of moving onto a single new digital system which would enable easier case monitoring.
● When a change of care provision was considered necessary to support a person's objectives, the provider liaised with social care professionals, and advocated on behalf of the person where appropriate. They also liaised with other providers and community services such as community alarms.

Supporting people to live healthier lives, access healthcare services and support
● Feedback regarding staff noticing health concerns and liaising with appropriate health professionals was mostly positive. One relative told us, "'The first carer we had noticed a bruise on [person's] leg... [they] came and asked me if I'd noticed it... it was impressive." We saw staff had often contacted appropriate health professionals regarding issues such as acute confusion potentially indicating an infection or skin issues. However, we were also told by a relative, staff had on one occasion neglected to complete a simple task requested by a GP for a week.
● We found the provider liaised well with appropriate healthcare and social care professionals when appropriate to manage health conditions. This included referrals and liaison with allied health professionals such as GP, occupational therapist, community or mental health nurses. For example, the service had arranged for staff to be trained by a nurse in the administration of a medicine via a specialist device.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.
We checked whether the service was working within the principles of the MCA.
● Mental capacity assessments were carried out where needed to establish if people had capacity to make decisions affecting their lives. However, we noted one person living with dementia who was consistently refusing care. The service agreed to review their assessment that this person still had the mental capacity to make a decision regarding their care needs to check it was still accurate and if risks were being adequately mitigated.
● Where a person had someone appointed to act on their behalf when they lacked capacity to make a decision, such as power of attorney or deputy, this was appropriately recorded.
● Staff understood and worked within the principles of the MCA. Staff understood the importance of seeking people's consent before offering care and supporting people to make their own choices. Staff told us they always offered people choice and supported this where necessary by showing people the options such as what to eat or wear.
● People told us staff always explained what they were doing and offered choice. One relative told us, "When

they arrive they always ask him what he wants... they ask him if he wants a shower first or a cup of tea... things like that."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 'Good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and considerate. One person told us, "They're very friendly and caring. They find the time to care." Another person told us, "They're like family really. They speak to us so nicely and really do treat us well. If their feet are wet, they take off their shoes first. I feel our home is respected."
- Staff were enthusiastic and dedicated to their work. One staff member described working for the service, "It seems like we all have a passion about what we're doing. Its more about the customer than it is a job. We have time to sit down with them, it's not a rushed job."

Supporting people to express their views and be involved in making decisions about their care

- People told us staff always asked what they wanted help with and were flexible in their approach. One person told us, "If I ask them to do anything extra, they just do it and never forget. Like I asked them to draw the curtains after my tea, now they do it each time."
- The service had a dementia toolkit which included picture cards to help people living with dementia communicate and become involved in their care planning.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were careful to maintain their privacy and dignity during personal care giving. For example, using towels, ensuring door and windows were closed and giving people privacy when using the toilet.
- Staff supported people to retain as much independence as possible. One person explained, "I'm able to begin doing the meals before they come, I like doing that, it's important I do what I can myself. They just pick up where I've left off, usually it's just taking something out of the oven that is difficult for me."
- Staff told us they encouraged people to do what they can for themselves. For example, assisting a person to walk rather than use a wheelchair whenever possible, even when this takes longer. We also saw the service had referred people for additional assessments or support (such as occupational therapy) to maximise independence.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 'Good.' This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were appropriately person-centred. The provider had ensured each person's personal history, social circumstances, preferences and initial objectives were recorded and incorporated into their care plans. For example, one person living with dementia was recorded as liking a particular style of appearance. Their care plan detailed how they liked to wear make-up to enable staff to appropriately personalise their appearance.
- People told us their preferences such as gender of carer were met but sometimes the times of calls were not ideal or were amended at short notice. The service advised recently improved staffing levels would enable more flexibility to meet people's preferences.
- People received regular reviews, though these were not always sufficiently holistic or detailed. We found an example where audits of daily records or feedback from staff should have informed a more detailed review of care. However, the interim management was already in the process of completing thorough reviews for everyone to ensure they knew and understood the wishes of each person and assure themselves care plans were up-to-date. The service was also introducing three monthly welfare checks either in person or by telephone to check for minor issues.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had mixed feedback regarding staff having time to chat. Mostly people felt staff were caring and took time to build a rapport and chat. However, at times recently people felt staff were rushing due to pressure of work.
- People's care plans summarised their interests, past experiences, social network and any cultural or spiritual preferences to enable staff to tailor their conversations and build rapport.

Improving care quality in response to complaints or concerns

- The service had a clear system for responding to and tracking both complaints and concerns. This included timely responses, clear action plans and lessons learnt to be shared and incorporated into future practice.
- People and staff told us the office staff were usually quick to respond to concerns or incidents. For example, when the main carer for a person was admitted to hospital, the service arranged staff to sit with the person until suitable respite care was arranged. Staff also explained when the care was regularly taking longer than planned, the office sought an increase in the care plan commissioned to ensure people are not rushed.

End of life care and support

- The service was not currently providing any end of life care.
- Staff were provided with additional online training in end of life care.
- There were no advanced care plans in place. People were asked if they had any end of life preferences during their initial assessments and had generally declined this opportunity. The service acknowledged this question could benefit from further exploration once a rapport had been established and agreed to incorporated this into future reviews.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 'Requires improvement.' This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The previous registered manager had recently left the service. Whilst feedback from staff and people using the service was positive about this manager's initial assessments and demeanour, there were concerns this manager had not been well organised. For example, one person told us, "They don't allow enough time [for staff] to get from A to B. They need more organisation." Staff explained they were often travelling 70-80 miles a day to visit 3-4 people and whilst they were paid mileage they were not paid for travel time, which was making the job untenable.
- The provider had quickly provided an interim management team, including a manager registered at another similar service. Feedback from staff was positive about the interim management, however this was only a temporary arrangement whilst a new manager was being recruited.
- The interim management had already identified many of the issues that required addressing. In particular the service acknowledged the variable consistency of staffing attending people and that staff were often travelling excessively due to poorly planned care rounds. The service had already recruited additional staff including a care coordinator, were paying the staff a one-off compensation for the additional travel and were reorganising the care rounds.
- We found several governance issues would benefit from improvements. This included: audits of care records; digital records system; administration protocols for as required (PRN) medicines.
- Quality assurance checks with people using the service were insufficient. Whilst we saw a few examples of quality assurance calls to people had been completed in September 2019, these did not appear to be regularly occurring. None of the people we spoke to could recall being asked if they were satisfied with the service. An annual anonymous quality assurance survey of both staff and people using the service was planned but not yet completed.
- Whilst we did not find significant impact of the above issues on people using the service, there was increased risks caused by the governance systems requiring improvement. We noted the service was aware and working to implement changes to address many of these issues, however solutions were yet to be embedded into practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- None of the people we spoke with felt they had been kept adequately informed about the change in management. One relative commented, "No-one communicated about this. I had made arrangements with [the previous manager who left] to have call times that fit in with [my commitments], then I was told out of

the blue, by a carer, that the manager left a couple of days before." The provider advised they had already scheduled and completed the majority of reviews designed to update care plans and introduce the temporary manager.

● Staff reported the management were approachable and operated an open-door policy for informal discussions.

● The service understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The management team had created an open and positive culture within the service. We received positive feedback from people and relatives. One person told us, "I've always found them very friendly and helpful."

● People told us they could speak to care staff about concerns or issues and were usually able to speak to the management whenever needed. However, several people told us messages about agreed changes were not always communicated clearly to all the staff involved.

● There was an effective on-call system and staff reported they felt well supported.

● Staff felt proud to work in the service and enjoyed their role. There was a staff rewards scheme to promote good practice. One staff member told us, "I can honestly say, the support and the thought going into the work - I feel appreciated. They sent me an email to thank me for working in bad weather conditions last month."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The service had an online live facility for people to provide live feedback.

● The provider issued a national quarterly magazine for people using the service to update people on developments, share experiences and ideas.

● Staff meetings were held which reviewed any issues with people's care provision, considered learning points from complaints and incidents and discussed best practice. Staff told us they were involved in discussions about the service and their feedback was sought.

● Staff had regular supervision and observations of their practice which they found helpful.

Continuous learning and improving care; Working in partnership with others

● The provider completed a national monthly staff newsletter to update on developments and best practice. The service had also just started a weekly staff newsletter specific for the North Norfolk branch.

● The service had developed links with local community groups (including a knitting group who donated items for people) and held charitable events such as a Macmillan coffee morning.

● The service management attended the provider's regular regional meetings and conferences. They also received updates from various care sector resources such as a dementia newsletter.

● The service had developed links with the local authority's provider forum and local hospital discharge teams.